

Memorandum

Date:

To:

Medical Review Branch
Audits and Investigations
1500 Capitol Avenue - MS 2300

From:

Provider Enrollment Division
P.O. Box 997413

Subject: **Request an A&I On-Site Inspection**

Enrollment Type:
Reason Referred: Mandated Onsite Visit
AI Tracking #:
Provider Type:
Legal Name: DUMMY RECORD
Business Name: BSNNNAME
Provider: ZZZZZZZZZZ
Document #(s): 310466

The purpose of this memo is to Request an A&I On-Site Inspection. Attached is supporting documentation.

Please return your findings and recommendations to PSDReferrals@dhcs.ca.gov. If you have any questions or need additional information, please feel free to contact

Attachments

Name/Section:	A	R	R	R	R
Location/Phone:	U	E	E	E	E
Location/Phone:	T	V	V	V	V
Signature:	H	I	I	I	I
	O	E	E	E	E
Date:	R	W	W	W	W
		E	E	E	E

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bcc:

DUMMY RECORD
BSNNAME
714/744 P STREET
SACRAMENTO, CA 95814-0000

DOCUMENT: 310466
DATE RECEIVED :

Dear Applicant:

Thank you for your Medi-Cal Application package. We have completed our review of the Medi-Cal Application package that you recently submitted to the Department of Health Care Services, Provider Enrollment Division.

In accordance with Welfare and Institutions (W&I) Code Sections 14043.37, 14043.4, and 14043.7, the Department may conduct background checks, pre-enrollment inspections, or unannounced visits to any applicant or provider for the purpose of determining the accuracy of the information provided to the Department for purposes of enrolling in the Medi-Cal program and in order to prevent fraud and

Consequently, your application has been referred for a comprehensive review. The Department will contact you with the status of your application once the review has been completed.

Should you have any questions regarding the status of this review, you may send a written inquiry via U.S. mail to Department of Health Care Services, Provider Enrollment Division, MS 4704, P.O. Box 997413, Sacramento, CA 95899-7413

Provider Enrollment Division